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Immunisation Agenda 2030: prioritising sustainable immunisation financing

More than 2 years after the 2021 launch of the Immunisation Agenda 2030 (IA2030) by WHO, questions remain on how successful the agenda will be. The Editorial from April 22, 2023, succinctly reflected on the important issues to be tackled to reverse the decline of routine immunisation, especially in the aftermath of the COVID-19 pandemic.[1] It identified, among other issues, the growing challenge of weak health-care systems and vaccine hesitancy as challenges that continue to threaten the actualisation of the IA2030 goals, while acknowledging that the agenda's success will depend on efficient and sustainable immunisation financing.

The unstable nature of global immunisation financing is, in our view, the most important challenge for a successful agenda to tackle. Addressing this instability is particularly crucial as countries with the biggest immunisation coverage gaps tend to struggle the most with mobilising and sustaining funding for their routine immunisation programmes.[2] Moreover, the COVID-19 pandemic has exacerbated economic challenges and debt distress in many low-income and middle-income countries (LMICs), with debt repayments hitting US$43 billion in 2022.[3] Current global economic and debt crises, which disproportionately affect LMICs, could have adverse implications for routine immunisation services, as countries might have to divert resources away from their health-care systems to service debts and potentially default on their co-financing obligations to multilateral immunisation financing initiatives such as Gavi, the Vaccine Alliance.[4]

To achieve the ambitious targets of the IA2030, it is imperative that global and multilateral efforts to prioritise strategies for fiscal sustainability and efficiency for routine immunisation are made, particularly those of LMICs. Such strategies could include innovative financing and co-financing mechanisms, and debt restructuring and relief, while nudging domestic resource mobilisation and deployment of immunisation services in fiscally prudent and cost-efficient ways. The ongoing global economic crisis means that external financing from donors could continue to dwindle. Hence, innovative immunisation financing mechanisms are essential for accelerating and sustaining global efforts towards achieving the IA2030 aim of universal access to immunisation by the end of the decade.

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**Uchenna A Amaechi, Chukwudi A Nnaji, Charles S Wiysonge*
aamaechi@gavi.org

Evaluation and Learning Unit, Gavi, the Vaccine Alliance, Geneva 1218, Switzerland (UAA); Division of Epidemiology and Biostatistics, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa (CAN, CSW); Technical Division, Malaria Consortium, London, UK (CAN); Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa (CAN, CSW); Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa (CSW)

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Duration of antibiotics in complicated appendicitis

We read with great interest the randomised study by Elisabeth M L de Wijkerslooth and colleagues,[1] who suggest that 2 days of postoperative intravenous antibiotics for complex appendicitis is non-inferior to 5 days in terms of infectious complications and mortality within 90 days. This conclusion was based on a non-inferiority margin of 7·5%. Children participated in the trial, but patients who were pregnant or immunocompromised were excluded. Whether a 2-day course of antibiotics is safe in these patients remains unclear, which is a limitation of this study as described by the authors.

The question of duration of therapy is more complicated than suggested by the authors' summary. For example, the rate of postoperative infectious complications is higher in open appendicectomy than in laparoscopic surgery, including when converted from laparoscopic surgery, and standard practice is a full dose of antibiotics for 5 days.[2,3] In de Wijkerslooth and colleagues' study, the absolute risk difference also favoured 5 days of antibiotics for open procedure as in figure 2 of the Article,[1] suggesting that patients who required open surgery would most likely benefit from 5 days of antibiotics rather than 2 days. The authors indicated that a 5-day antibiotic regimen was the standard practice. Administration for 2 days possibly lowers the threshold for readmitting patients in the 2-day group, even though the infectious complications were reduced. Possibly, the decision to readmit should have